

# Bi-Weekly BDDS Meeting for Case Managers and Providers June 3, 2020



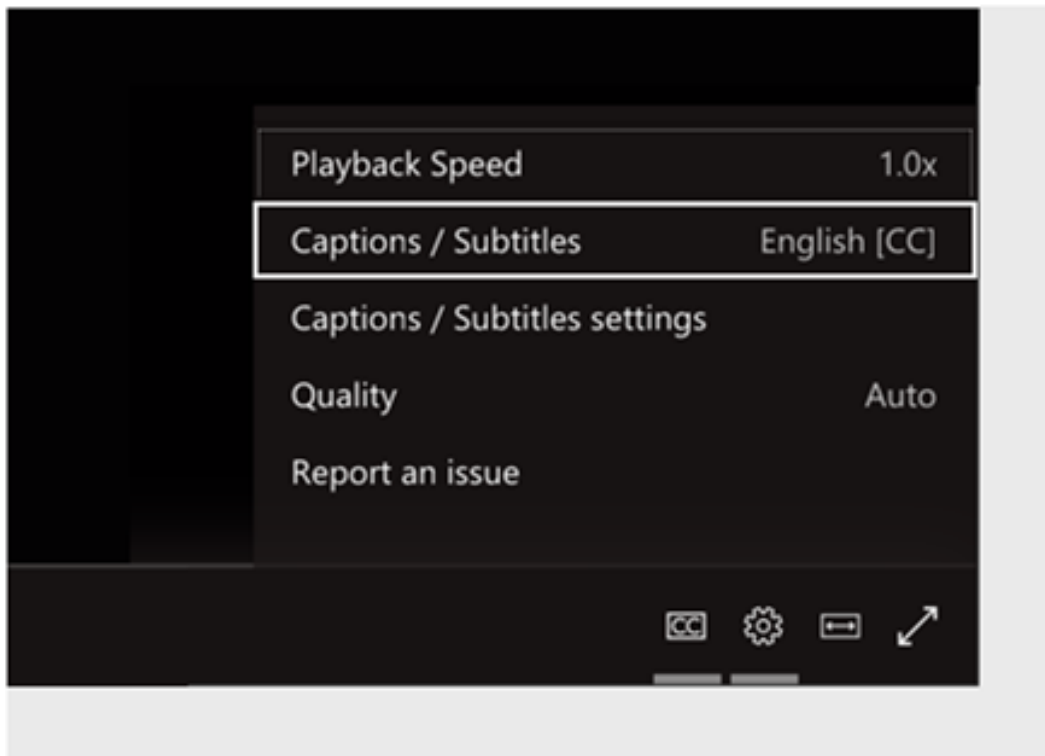
# Before We Get Started...



# How to Use Live Captions

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To change the caption language, select **Settings**  > **Captions / Subtitles**, and choose the language you want.





# How to Ask a Question

- 1.) Select Q&A on the right side of the screen
- 2.) Type your question in the compose box, and then select Send.
- 3.) Your question will only be visible to the presenters
- 4.) Questions will be answered as time permits.



# Welcome and Today's Agenda

- Introductions
- DDRS Goals for COVID-19 Efforts
- Updates and Discussion
- Scenario Review
- Next Steps



# DDRS Goals for COVID-19 Efforts

**H**elp prevent the spread of COVID-19 and keep people alive

**O**perationalize flexibilities

**P**rovider network maintained

**E**mpower person-centered decision-making for self-advocates, families, case managers, and providers



Image by: McChrystal Group & NASDDDS



# A Few Words About Recent Events . . .



GEORGETOWN UNIVERSITY  
National Center  
for Cultural Competence

Georgetown University Center for Child & Human Development

[Home](#) [About](#) [Foundations](#) [Resources](#) [Self-Assessments](#) [Leadership Institute](#) [Community of Practice](#)

The mission of the **NCCC** is to increase the capacity of health care and mental health care programs to design, implement, and evaluate culturally and linguistically competent service delivery systems to address growing diversity, persistent disparities, and to promote health and mental health equity.



FOUNDATIONS



SELF-ASSESSMENT



DISTANCE LEARNING



RESOURCES



**LEADERSHIP INSTITUTE**  
for Cultural Diversity & Cultural Linguistic Competence  
Supporting Individuals with Intellectual & Developmental Disabilities

- > [2019 Learning & Reflection Forums](#)
- > [Enter the Leadership Institute](#)



**Community of Practice**  
on Cultural & Linguistic Competence in Developmental Disabilities  
Georgetown University National Center for Cultural Competence

- > [Enter the Community of Practice](#)
- > [Collaboration Space](#)



★ FEATURES

🔧 WHAT'S NEW

≡ PARTNERS

Wednesday, Jun



# As We Continue Moving Forward

- For some leaders, the Covid-19 pandemic was initially freeing. . . they were driven by a desire to act — fast and often. Priorities became clear. Energy was high.
- A few weeks later, however, this adrenaline-fueled pace sputtered . . . Decisions became stalled and more complex.
- This shift, from the emergency phase of a crisis to a regression phase, is uncomfortable but necessary.
- To equip your team to move from emergency to regression to recovery, focus on three steps:
  - disrupt your team to create a new “day one”;
  - learn how to calibrate your team’s emotions; and
  - aim beyond business as usual to find a new way your business can contribute to society and find meaning

## If You Feel Like You're Regressing, You're Not Alone

by Marlene Weisbach-Wunderburg  
May 20, 2020

Summary Share Comment Print [Helping Crisis](#)



Illustration by [unintelligible]

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"I hate to say this right now, but I haven't felt this energized in years," one CEO I advise admitted to me during the first week of Covid-19 stay-at-home orders.

When I asked about the source of this energy, the CEO noted that the crisis allowed an unusual freedom of movement — strategically and as a leader — that he had forgotten about. The relief from budget constraints, the suspension of market expectations, and the welcome escape from the conformity of the daily routine all contributed to his unexpected reaction to working during the pandemic.

### FURTHER READING

[Communication & Business: The Insights You Need from FSA](#)  
FIRST EDITION  
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Another leader told me that the "had never been more productive" and felt validated by the fact that "suddenly every important task is getting done right now . . . not in a year . . . not beginning of next week, but right now." She had been working non-stop managing stakeholders, giving interviews, dealing with her executive board, handling immediate threats, talking





# Updates and Discussion: COVID Incident Reports

- In an effort to assist providers in promoting a healthy environment for individuals and staff, we have created a process for non-residential providers to receive a COVID positive IR related to an individual they currently support.
- We will go back two weeks from when this is implemented. Meaning you could get an email related to an IR on a COVID positive case that was filed two weeks ago.



# Updates and Discussion: Newly Released Policy Guidance

*Guidance for BDDS Providers on Temporary Policy Changes Related to COVID-19 and Appendix K, As of May 21, 2020*

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## Highlights:

- Added previously published guidance on congregate residential reporting.
- Included re-opening provisions applicable to all Indiana employers from EO20-26.
- Updated Guidance for Visitors in congregate residential settings, including ICFs/IDD
- Aligned Guidance for PPE with CDC guidance
- Updated timelines for PCISPs



# Updates and Discussion: Newly Released FAQs

## Highlights:

- Clarification on Congregate Residential COVID+ Reporting
- Questions Related to Reopening Efforts and Individual Restrictions
- Resources for Supporting Individuals with Social Distancing and PPE Use
- Questions Related to Telemedicine
- Clarification on Guidance for Case Managers, Alternate Settings, and Families as Paid Caregivers

### FAQ BDDS Temporary Policy Changes Related to COVID-19

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# Updates and Discussion: Featured FAQs

- As a provider, we have been advised to move all residential to hourly rate. Is this true?
  - Providers and ISTs are encouraged to be person centered and consider each individual's situation.
  - Remember - we are working avoid blanket policies, activities, and/or restrictions



# Updates and Discussion:

## Featured FAQs

- We are aware that, initially, a 90 day extension was given for CPR expiration dates through DDRS and BDDS. In addition to many staff whose CPR certifications will expire in June, we have staff who were granted the 90 day extension in March. We required staff who have expired since March complete the online portion, but they still need to complete the hands-on component. Their 90-day extension is now coming to an end. Are we expected to now begin to have them come in to complete the hands-on portion?
  - Per our current Policy Guidance,
    - BDDS continues to temporarily allow DSPs to continue working ninety (90) days past the expiration of their CPR/First Aid.
    - **The hands-on component of training is not required. DSPs completing CPR certification during COVID will need to complete the hands-on component, when it is safe and appropriate to do so.**
    - As part of the temporary policy changes related to COVID-19, only the online CPR/First Aid portion is required before the first day of work. The hands-on component of training is not required but will need to be completed when it is safe and appropriate to do so.
  - Consistent with this guidance DSPs may continue working ninety days past the expiration of their CPR/First Aid. When renewing their certification, only the online CPR/First Aid portion is required. The hands-on component of training is not required but will need to be completed when it is safe and appropriate to do so.



# Updates and Discussion: Featured FAQs

- ICF/Group homes will follow nursing home regulations with visitors, correct?
  - As part of the recently released [Updated Guidance for BDDS Providers on Temporary Policies Changes Related to COVID-19 and Appendix K](#), BDDS released updated guidance on visitors in ICF/IDD and other congregate residential settings.
  - The policy focuses on empowering whether and to what extent to apply restrictions similar to those being utilized in nursing facility settings for visitors; attendance at work and/or day program; and other activities (including travel) outside the home on a setting by setting basis.
  - This allows appropriate application of restrictions based on the needs and circumstances of the individuals living in the setting. It also helps to avoid the application of blanket restrictions that may be overly broad and restrictive.
  - The policy includes a variety of considerations that providers should consider in working making these determinations with the individuals they support.

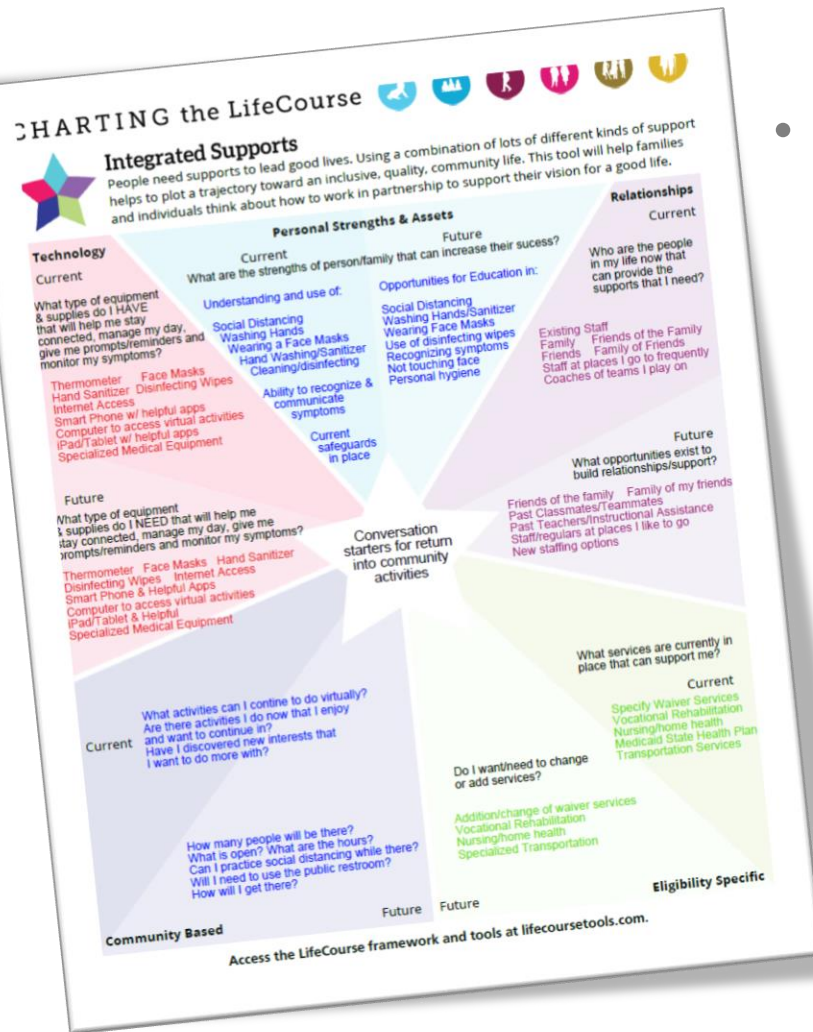


# Updates and Discussion: Featured FAQs

- **Are facemasks "requirement" or "recommendations" for those going back to services?**
  - The Bureau of Developmental Disabilities Services recommends that all providers and individuals follow the requirements and recommendations of any local, state and federal ordinances and recommendations from entities such as the local department of health, the Indiana State Department of Health, Governor Eric Holcomb's Executive Orders and Back on Track Plan, and the Centers for Disease Control and Prevention.
- **Do providers need to maintain documentation of employee health screenings?**
  - [Executive Order 20-26](#) requires that all Hoosier employers develop a plan to implement measures and institute safeguards to ensure a safe environment and shall be provided to each employee or staff and posted publicly. This plan shall address, at minimum, the following points:
    - Instituting an employee health screening process;
    - Employing enhanced cleaning and disinfecting protocols for the workplace including regularly cleaning high-touch surfaces;
    - Enhancing the ability of employees, clients, and individuals served to wash hands or utilize other personal hygiene measures such as use of hand sanitizer;
    - Complying with social distancing requirements established by the CDC, including maintaining 6 feet of distance between both employees and individuals served whenever possible and/or employing other separation measures such as face coverings or environmental barriers;
    - Addressing the needs of employees and individuals served who are determined to be at high risk of significant health issues related to COVID-19;
    - Ensuring all staff, individuals served, and families have access to up-to-date information regarding the public health emergency and its impact on delivery of services; and
    - Comply with all IOSHA standards
  - Additional guidance for businesses and employees that builds on the Executive Order is available at [https://backontrack.in.gov/files/BackOnTrack-IN\\_BackOnTrack-IN\\_Guidelines-AllBusinesses.pdf](https://backontrack.in.gov/files/BackOnTrack-IN_BackOnTrack-IN_Guidelines-AllBusinesses.pdf)



# Updates and Discussion: Day Service Guidance



- In addition to general policy guidance, BDDS published specific guidance on day service reopening. This guidance included:

- [Back On Track Indiana - Guidelines for Adult Day Services](#)
- [Additional Guidance for Day Service providers](#)
- [Additional Information for case managers](#)
- [Resource - Integrated Support Conversation Starter](#)





# Scenario 1:

## Resuming Face to Face Visits with Case Manager

- Jerry and his roommate both have the CIH waiver and receive 24/7 supports in a provider owned and controlled setting. At the beginning of the pandemic
- Jerry and his roommate decided to limit exposure by restricting visitors and using telemedicine when possible because Jerry has some significant health concerns that put him at high risk of complications with COVID-19.
- Case management has been a service that Jerry has been receiving via telemedicine.
- As the state has begun to reopen Jerry and his roommate have agreed to slowly transition back to in-person services, starting with case management.
- Jerry has expressed to his case manager and team that this is what he would like to do.
- The ResHab provider has expressed concerns about this and doesn't want to allow it. The team held a meeting to discuss this and a plan for Jerry's transition back to in-person services and community activities.



# Scenario 1:

## Resuming Face to Face Visits with Case Manager

- The team held a meeting to discuss this and a plan for Jerry's transition back to in-person services and community activities. During the discussion the team developed a plan with the following highlights:
  - Jerry is the ultimate decision maker of his plan and services. Therefore, if at any time during the transition Jerry wants to change the plan the team will meet to discuss how to best support Jerry while respecting his wishes.
  - Case managers and direct support staff have been declared essential workers therefore it is up to Jerry to determine how he wants his services delivered. Jerry understands that if the provider or case management company have put restrictions on their employees then his case manager and/or direct support staff have to follow those policies and that Jerry has the freedom to choose another case management company or provider if desired.
  - Any essential worker coming into the home will wear a face mask, use hand sanitizer prior to entrance and at exit, and not come to the home if they have been exposed and/or are exhibiting symptoms within the last 14 days. Each essential worker and their agency is responsible for providing their own masks and supplies.
  - Any essential worker whose role does not require hands on assistance will remain 6 feet away from Jerry, his roommate, staff in the home and other team members during in-person visits.



# Scenario 1: Resuming Face to Face Visits with Case Manager

- The team held a meeting to discuss this and a plan for Jerry's transition back to in-person services and community activities. During the discussion the team developed a plan with the following highlights (con't):
  - Any essential worker whose time in the home is limited will refrain from unnecessarily touching items in the home including use of the restroom as much as possible.
  - Team meetings will only include in-person attendance for those services/staff that are currently providing in-person visits. All other team members will attend virtually until they are phased in for in-person visits.
  - The direct support staff will disinfect frequently touched services 15 minutes prior to arrival of other essential working team members and after the essential worker has left the home.
  - When the weather permits, visits from case managers and/or direct support staff will occur outside, at a park or local outdoor area.



## Scenario 2: Mary's Return to Day Services

- Mary is a 52 year old woman who lives with two roommates receiving 24/7 supports in a provider owned and controlled setting.
- Prior to the pandemic, Mary was attending day services 5 days a week.
- Since the pandemic the only service that Mary has been receiving in person is RHS. Mary has been utilizing her other services, such as CHIO, virtually.
- Mary was recently informed that her day program has plans to re-open in June with precautions in place. Mary spoke to her case manager and said that she is not sure if she is ready to go back to day services.
- The team held a meeting to discuss Mary's potential return to day services.
- During this conversation the team discussed with Mary what her options are and explored what her concerns are about returning to day program.
- During this discussion Mary expressed that she is afraid that returning to her day program because she doesn't want her roommate to get sick. Mary's RHS provider expressed the same concern as one of Mary's roommates is considered to be high risk.



# Scenario 2:

## Mary's Return to Day Services

- Throughout the discussion the case manager used the integrated supports star to determine the supports that may be available to help Mary at this time.
  - **Personal Strengths and Assets:** Mary and her team identify that Mary's strengths include her compassion towards her roommates which motivates her to practice social distancing and recommended precautions.
  - **Technology:** The team discussed the availability and access to getting Mary the needed supplies when she returns to the day program or participates in any other community outings.
  - **Community:** Mary shared that she has really enjoyed her time doing CHIO virtually because she has been able to participate in new activities that she hasn't been able to experience before. Mary and team agree that she will continue to access CHIO virtually for now.
  - **Relationships:** Mary has also shared that she has enjoyed her weekly video chats with her brother who lives in Ohio and would like to continue to do that.
  - **Eligibility Specific:** The facility hab provider where Mary attends day program shared that their plan for re-opening includes temperature checks, mandatory mask wearing, social distancing, sanitizing stations, limiting the number of persons in the building as well as other protective measures.



## Scenario 2: Mary's Return to Day Services

- As a result of this discussion Mary also stated that she wants to return to day service therefore the team developed a transition plan with the following highlights:
  - Mary is the ultimate decision maker of her plan and services. Therefore, if at any time during the transition Mary wants to change the plan the team will meet to discuss how to best support her while respecting her wishes.
  - Mary is comfortable with and agrees to day programs policies of temperature checks, wearing a mask and practicing social distancing while at day program.
  - Mary will use hand sanitizer before coming into the home. Mary will walk directly into her bedroom to change into a new clean outfit. The outfit she wore at day program will stay in her dirty laundry hamper in her room until time to wash. Mary will then wash her hands with soap and water.
  - Mary and/or her staff will then take a disinfecting wipe and wipe down any surface that Mary touched when entering the home and walking into her bedroom. While at home, Mary also agrees to practice social distancing with her roommate.
- Mary is comfortable with this plan and feels confident about her decision to return to day services.



# Scenario 3:

## Maggie and Her Housemates

- Maggie her housemates receive support through the CIH waiver. They receive 24/7 supports in a provider owned and controlled setting.
- At the beginning of the pandemic, Maggie and her housemates decided to limit exposure by restricting visitors and using telemedicine for some of their services because one of Maggie's housemates has significant health issues that put her at risk of complications with COVID-19.
- Maggie works part time at a local hotel performing housekeeping duties. When the pandemic hit her community, she was laid off due to the decrease in business at the hotel. Maggie has missed her job and seeing her friends at work. She is anxious to return to work but her housemates are concerned about exposure to COVID-19 if she returns to work before there is a vaccine for COVID-19.
- Maggie talked to her case manager about her desire to return to work as soon as possible and her housemates concern about possible exposure. Maggie does not want to do anything to put her housemates at risk but it is very important to her to return to her job.
- Maggie's case manager suggested Maggie's team convene to discuss and problem solve. Maggie agreed that this would be helpful and suggested that the IST meet via Zoom. Maggie has Zoom on her cell phone and likes meetings held this way because she is more comfortable speaking up for herself.
- The case manager and Maggie discussed what topics Maggie wanted discussed at the IST meeting and developed an agenda. They talked about days and times that would work for Maggie and who she wanted to attend. They agreed that the case manager would handle the invites and scheduling and keep Maggie informed.



# Scenario 3:

## Maggie and Her Housemates

- During the discussion, the team developed a plan with the following highlights:
  - Maggie will return to work as soon as her employer contacts her with a return date. Maggie's employer will provide PPE due to the nature of her job.
  - Prior to the pandemic, Maggie utilized public transportation to get to and from work. Maggie is concerned about using mass transit right now because she is concerned that not everyone using it will wear a mask. It was agreed that RHS staff would transport Maggie to and from her job. Both RHS staff and Maggie will wear masks while transporting. If the housemates choose to ride along in order to get out of the house, they will wear masks as well.
  - While Maggie wants to return to work, she also does not want to potentially expose any of her housemates to COVID-19. Therefore, she decided that she would practice social distancing in the home after her return to work as a measure of protection for her housemates. RHS staff will work begin working with her now to recognize what that will look like so that she and her housemates can get used to it.
  - When Maggie returns to the home after work, she will use hand sanitizer prior to coming back into the home. She will go to her bedroom, change into clean clothes, put her dirty clothes in the hamper in her bedroom closet and then wash her hands with soap and water.
  - Once she returns to work, Maggie also wants to use only one of the bathrooms in the home and will wipe down the areas she touches after use. She wants to do the same after she uses the kitchen.
  - RHS staff will continue to work with Maggie and her housemates on universal disease prevention including:
    - Covering mouth when coughing
    - Thorough and frequent hand washing
    - Frequent cleaning of commonly touched areas (doorknobs, counters, TV remote control, refrigerator handle, microwave, etc.)





# Scenario 3:

## Maggie and Her Housemates

- Following the meeting Maggie and her RHS staff talk to the other roommates about Maggie's return to work and the precautions that she will practice to keep them safe. One roommate is reluctant and the other roommate has a guardian who is adamant that Maggie should not return to day program because it puts the entire house at risk.
- Maggie's case manager and RHS provider ask for a virtual meeting to discuss concerns with all the roommates and guardian.
- Maggie's case manager developed an Integrated Support Star to demonstrate the safeguards put into place. This will be posted in the home as well as a reminder to Maggie and housemates on the things they need to do to remain safe.
- The star includes information such as:
  - Personal Strengths & Assets: Maggie is motivated to return to work and also a very good friend to her roommates whom she cares about. She wants to keep them safe and is willing and able to follow instructions and precautions put in place.
  - Relationships: The roommates and Maggie will continue to work on and practice universal precautions such as frequent hand washing, covering mouth and nose when coughing and sneezing, and cleaning of frequently touched surfaces.
  - Technology: Maggie and her team will ensure that she has all the necessary supplies such as a mask while at work and hand sanitizer in her pocket to use while at work and before re-entering home. Maggie's team has also downloaded an App on her phone that will provide her reminders and step by step instructions.
  - Community: While at work Maggie will practice social distancing, frequent hand washing, and wear a mask. Maggie will use hand sanitizer before returning into the home, walk straight to her bedroom, change her clothes, put dirty clothes in a hamper in her bedroom closet that will be laundered separately from the other roommates, then go wash her hands. She will also use one bathroom in the home and wipe down surfaces when she is done. Disinfecting wipes will be kept in that bathroom for this use. Her employer's safe practices and policies are outlined in this section as well.
  - Eligibility Specific: The RHS staff will use a disinfecting wipe to wipe down door handles and any other surface Maggie has to touch as she returns in the home and goes into her bedroom. The RHS staff will transport her with both staff and Maggie wearing masks and wiping down surfaces before and after rides.



## Scenario 3: Maggie and Her Housemates

- The case manager and RHS provider start the meeting off by recognizing that everyone in the house has their own concerns and asks that everyone respect each other and listen to one another during this conversation and moving forward.
- They then begin to discuss Maggie's desire to return to work and the safeguards they have come up.
- They ask that if the roommates and/or guardians have additional suggestions they would like to hear them.
- After the discussion, the roommates and guardian are happy with and feel comfortable about the decisions made.
- They agree that as things progress they will continue to have discussions to check in with each other about this issue.



# Updates: Day Service Sustainability Payments

- HCBS waiver and OBRA providers who
  - provide adult day, facility habilitation, and pre-vocational habilitation services under the Family Support and Community Habilitation and Integration waivers and
  - had to close or suspend services as a result of COVID-19will be able to apply for a monthly grant to help them maintain staff and facilities during the emergency period.
- The grant amount will be 75% of historic payments (from 2019), less any claims for services that the provider was able to render during the month.
- Grants are funded through the federal Coronavirus Relief Fund.
- Eligible providers will be able to access the grant for up to four months.



# Updates: Day Service Sustainability Payments

- BDDS is finalizing details for the application process.
- Eligible providers will be able to select whether to apply for their first grant for either March 2020 or April 2020.
  - If a provider elects March, they will be eligible to apply for subsequent grants for April, May, and June.
  - If a provider elects April, they will be eligible to apply for subsequent grants for May, June, and July.
- BDDS will determine the historic payment. It will be based on 2019 claims paid during the same period elected by the provider.
- As part of the application, providers will be asked to provide information on any adult day, facility habilitation, or prevocational services that they were able to provide during the grant period, including:
  - The number of individuals served by service line and
  - The number of units provided by service line.



# General Updates and Upcoming Activities

- Systems Consolidation Project
- Re-Engagement on Initial Concept Paper
  - Virtual Forums
  - Focus on Incorporating COVID Lessons & Experience
- Waiver Renewals





- The Next BDDS Meeting for Case Managers and Providers is scheduled for June 17<sup>th</sup> from 3:30 pm - 4:30 pm EDT
- Information on how to access the meeting will be sent via DDRS Announcement approximately one week prior.
- BDDS / BQIS Questions:  
[BQIS.Help@fssa.in.gov](mailto:BQIS.Help@fssa.in.gov)

